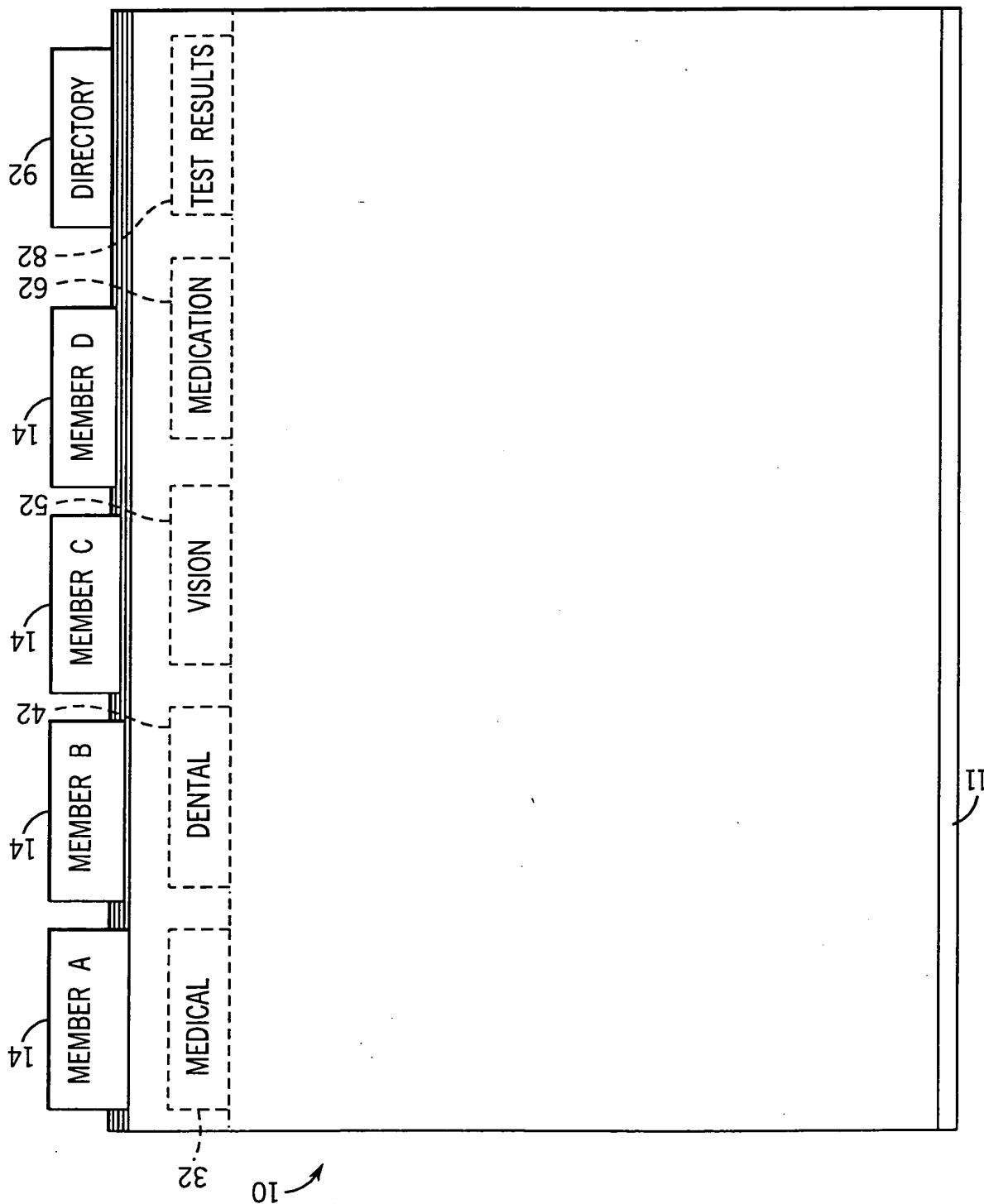


FIG. 1



1/13

Title: MEDICAL INFORMATION
SYSTEM AND METHOD
Inventor(s): Muchin et al.
DOCKET NO.: 082454-0110



Title: MEDICAL INFORMATION
SYSTEM ANDMETHOD
Inventor(s): Muchin et al.
DOCKET NO.: 082454-0110

2 / 13

10

14

MEMBER A

NAME: _____

BIRTHDATE: _____ SS#: _____

BLOODTYPE: _____

ALLERGIES: _____

SPECIAL
CONDITIONS: _____

NOTES: _____

FIG. 2

**Title: MEDICAL INFORMATION
SYSTEM ANDMETHOD
Inventor(s): Muchin et al.
DOCKET NO.: 082454-0110**

3 / 13

FIG. 3

Title: MEDICAL INFORMATION
SYSTEM ANDMETHOD
Inventor(s): Muchin et al.
DOCKET NO.: 082454-0110

4 /14

MEDICAL		34
# M _____	DATE:	
PURPOSE:		32
PHYSICIAN: CLINIC / HOSP:		
DIAGNOSIS:		
TREATMENT:		
FOLLOW-UP:		
# M _____		DATE:
PURPOSE:		<input type="checkbox"/> MEDICATION
PHYSICIAN: CLINIC / HOSP:		
DIAGNOSIS:		
TREATMENT:		
FOLLOW-UP:		
# M _____		DATE:
PURPOSE:		<input type="checkbox"/> MEDICATION
PHYSICIAN: CLINIC / HOSP:		
DIAGNOSIS:		
TREATMENT:		
FOLLOW-UP:		

FIG. 4

Title: MEDICAL INFORMATION
SYSTEM ANDMETHOD
Inventor(s): Muchin et al.
DOCKET NO.: 082454-0110

5 / 13

FIG. 5

Title: MEDICAL INFORMATION
SYSTEM ANDMETHOD
Inventor(s): Muchin et al.
DOCKET NO.: 082454-0110

6 /13

DENTAL		MEDICATION
# D _____	DATE:	
PURPOSE:		X-RAY:
DENTIST / ORTHO:		
DIAGNOSIS:		
TREATMENT:		
FOLLOW-UP:		
# D _____		DATE:
PURPOSE:		X-RAY:
DENTIST / ORTHO:		
DIAGNOSIS:		
TREATMENT:		
FOLLOW-UP:		
# D _____		DATE:
PURPOSE:		X-RAY:
DENTIST / ORTHO:		
DIAGNOSIS:		
TREATMENT:		
FOLLOW-UP:		
# D _____		DATE:
PURPOSE:		X-RAY:
DENTIST / ORTHO:		
DIAGNOSIS:		
TREATMENT:		
FOLLOW-UP:		

46 48
42

DENTAL

FIG. 6

**Title: MEDICAL INFORMATION
SYSTEM ANDMETHOD
Inventor(s): Muchin et al.
DOCKET NO.: 082454-0110**

7 / 13

FIG. 7

Title: MEDICAL INFORMATION
SYSTEM ANDMETHOD
Inventor(s): Muchin et al.
DOCKET NO.: 082454-0110

8 /13

VISION		58
# <u>V</u> _____	DATE:	
PURPOSE:		
PHYSICAN:		
DIAGNOSIS:		
TREATMENT:		
FOLLOW-UP:		
		<input type="checkbox"/> MEDICATION
# <u>V</u> _____	DATE:	<input type="checkbox"/> MEDICATION
PURPOSE:		
PHYSICAN:		
DIAGNOSIS:		
TREATMENT:		
FOLLOW-UP:		
		<input type="checkbox"/> MEDICATION
# <u>V</u> _____	DATE:	<input type="checkbox"/> MEDICATION
PURPOSE:		
PHYSICAN:		
DIAGNOSIS:		
TREATMENT:		
FOLLOW-UP:		
		<input type="checkbox"/> MEDICATION
# <u>V</u> _____	DATE:	<input type="checkbox"/> MEDICATION
PURPOSE:		
PHYSICAN:		
DIAGNOSIS:		
TREATMENT:		
FOLLOW-UP:		

56

52

VISION

FIG. 8

Title: MEDICAL INFORMATION
SYSTEM ANDMETHOD
Inventor(s): Muchin et al.
DOCKET NO.: 082454-0110

9 / 13

MEDICATION	
68	MEDICATION: _____
	INSTRUCTIONS: _____
	DATE: _____ QTY: ⁷⁰ REFILL INFO: ⁷² _____
	PHARMACY: _____ PHONE #: _____
	PRESCRIPTION #: _____ PRESCRIBED BY: _____
74	COMMENTS: _____
	REF. #
74	MEDICATION: _____
	INSTRUCTIONS: _____
	DATE: _____ QTY: _____ REFILL INFO: _____
	PHARMACY: _____ PHONE #: _____
	PRESCRIPTION #: _____ PRESCRIBED BY: _____
	COMMENTS: _____
	REF. #
	MEDICATION: _____
	INSTRUCTIONS: _____
	DATE: _____ QTY: _____ REFILL INFO: _____
	PHARMACY: _____ PHONE #: _____
	PRESCRIPTION #: _____ PRESCRIBED BY: _____
	COMMENTS: _____
	REF. #
	MEDICATION: _____
	INSTRUCTIONS: _____
	DATE: _____ QTY: _____ REFILL INFO: _____
	PHARMACY: _____ PHONE #: _____
	PRESCRIPTION #: _____ PRESCRIBED BY: _____
	COMMENTS: _____
	REF. #

22

62

MEDICATION

FIG. 9

**Title: MEDICAL INFORMATION
SYSTEM ANDMETHOD
Inventor(s): Muchin et al.
DOCKET NO.: 082454-0110**

10 / 13

FIG. 10

Title: MEDICAL INFORMATION
SYSTEM ANDMETHOD
Inventor(s): Muchin et al.
DOCKET NO.: 082454-0110

11 / 13

FIG. 11

Title: MEDICAL INFORMATION
SYSTEM ANDMETHOD
Inventor(s): Muchin et al.
DOCKET NO.: 082454-0110

12 / 13

FIG. 12

Title: MEDICAL INFORMATION
SYSTEM ANDMETHOD
Inventor(s): Muchin et al.
DOCKET NO.: 082454-0110

13 /13

PROVIDER DIRECTORY

TYPES: VETERINARIANS, EMERGENCY VET HOSPITAL,
BOARDER / KENNEL, GROOMER, ETC.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

94 ~ TYPE: _____

COMMENTS: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

TYPE: _____

COMMENTS: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

TYPE: _____

COMMENTS: _____

DIRECTORY

92

FIG. 13